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URBAN DISTRICT COUNCIL

THE SIXTY-SEVENTH

**ANNUAL REPORT**

OF THE

Medical Officer of Health

FOR THE

Year Ending December 31st

1951

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# **Cromer Urban District Council**

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## **REPORT**

OF THE

**Medical Officer of Health**

FOR THE

**Year Ending 31st December, 1951**

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To the Chairman and Members of the Cromer Urban District Council.

MISS REEVE AND GENTLEMEN,

I have the honour to submit to you the Annual Report of the Medical Officer of Health for the year ending 31st December, 1951.

### **PRINCIPAL NOTES ON THE YEAR.**

The estimated population at midyear was 4,675 as compared with 4,717 in 1950.

The Birth Rate was 12.83 per 1,000 of the estimated population. (England and Wales 15.5).

The Death Rate was 16.68 per 1,000 of the estimated population. (England and Wales 12.5).

No death occurred as a result of childbirth.

Two cases of Poliomyelitis were recorded. Of the 20 notifiable diseases, 12 showed 'nil' returns.

Few cases of Vomiting and Diarrhoea occurred during the summer months.

The number of cases of Tuberculosis on the Register showed little change.

Section 47 of the National Assistance Act, 1948: The Court Order originally made in November, 1949 expired during the year.

The main problem in the area remains the provision of houses. Thirty houses were built by the Council during the year.

The second problem is the improvement of the dairies and bakehouses.

The new Pumping Station at Metton was opened in December.

Strict attention was given to the food supplied and consumed in the district, the suppliers and retailers co-operating in the happiest possible manner.

## SITUATION.

Cromer is situated at about the middle of the line of sandy cliff that runs along the coast of Norfolk from Mundesley to Weybourne. Its position is elevated and healthy. Bracing winds and a small rainfall are the main features of its climate.

## GENERAL STATISTICS.

Area in Acres	...	...	...	...	...	1,148
Population (Registrar General's Estimate)	...	...	...	...	...	4,675
Number of Inhabited Houses	...	...	...	...	...	1,430
Rateable Value	...	...	...	...	...	£38,025
Sum represented by a Penny Rate	...	...	...	...	...	£141

## VITAL STATISTICS.

Live Births.				Males.	Females.	Total.
Legitimate	...	...	...	24	29	53
Illegitimate	...	...	...	5	2	7
				29	31	60

The Birth Rate is 12.83 per 1,000 of the estimated population. (England and Wales 15.5). 13.2% of live births were illegitimate.

Still Births.				Males.	Females.	Total.
Legitimate	...	...	...	1	0	1
Illegitimate	...	...	...	—	—	—
				1	0	1

The Still Births Rate is 0.2 per 1,000 of the estimated population or 1.6% of all births.

## DEATHS.

The causes of death were as follows :—

	Male.	Female.	Total.
Tuberculosis of the Respiratory System	1	0	1
Other Tuberculosis ... ..	—	—	—
Syphilitic Diseases ... ..	—	—	—
Diphtheria ... ..	—	—	—
Whooping Cough ... ..	—	—	—
Meningococcal Infections ... ..	—	—	—
Acute Poliomyelitis ... ..	—	—	—
Measles ... ..	—	—	—
Other infective and parasitic diseases	—	—	—
Cancer of the Stomach ... ..	—	—	—
Lung and Bronchial passages...	2	—	2
Breast ... ..	—	1	1
Uterus ... ..	—	1	1
Other malignant and lymphatic growths	3	13	16
Leukæmia and Alukæmia ... ..	—	—	—
Diabetes ... ..	—	1	1
Vascular lesions of the nervous system	3	5	8
Coronary disease and Angina ... ..	7	3	10
Hypertension with Heart Disease ... ..	—	—	—
Other Heart Disease ... ..	5	10	15
Other Circulatory Diseases ... ..	1	1	2
Influenza ... ..	—	1	1
Pneumonia ... ..	1	1	2
Bronchitis ... ..	2	1	3
Other Diseases of the Respiratory System ... ..	—	1	1
Ulcer of the Stomach and Duodenum	—	—	—
Gastritis, Enteritis and Diarrhœa...	—	—	—
Nephritis and Nephrosis ... ..	—	1	1
Hyperplasia of the Prostate ... ..	1	—	1
Pregnancy, Childbirth and Abortion	—	—	—
Congenital Malformations ... ..	—	—	—
Other diseases and ill-defined diseases	3	7	10
Motor Vehicle Accidents ... ..	—	1	1
All other Accidents ... ..	1	—	1
Suicide ... ..	1	—	1
Homicide and operations of War ... ..	—	—	—
Total :	31	48	79

The Death Rate is 16.68 per thousand of the estimated population. The causes of death cited above follow the usual pattern, diseases of the Heart and Circulatory System heading the list, followed by Cancer. No maternal death occurred in association with Childbirth.

Two deaths were reported in children under 1 year of age. Both children died within a month of birth. One was an illegitimate male, and the other a legitimate female, birth. This gives an infant Mortality Rate of 35 per 1,000 live births.

### INFECTIOUS DISEASES.

The following Table gives in the first column the number of cases of Infectious Diseases that were notified in 1950, and in the second column the number of cases that would have occurred if the Rate for England and Wales had applied :—

Disease	A.	B.
Acute Pneumonia ... ..	6	.5
Diphtheria ... ..	0	.1
Erysipelas ... ..	0	.6
Food Poisoning ... ..	0	.6
Measles ... ..	6	66
Meningoccal Infections ... ..	0	14
Paratyphoid ... ..	0	.1
Poliomyelitis ... ..	2	.2
Scarlet Fever ... ..	10	5
Smallpox ... ..	0	0
Typhoid Fever ... ..	0	0
Whooping Cough ... ..	37	18
Acute Encephalitis ... ..	0	figures not available
Chickenpox ... ..	23	
Dysentery ... ..	3	
Glandular Fever ... ..	0	
Infective Hepatitis ... ..	15	
Malaria ... ..	0	
Ophthalmic Neonatorum ... ..	0	
Weil's Disease ... ..	0	

The next Table gives details of the notifications :—

Disease :	Age Groups :							Tot.
	Under 1	1-2	3-4	5-9	10-14	15-24	25 & over	
Scarlet Fever ...	—	—	1	9	—	—	—	10
Whooping Cough	3	8	13	13	—	—	—	37
Poliomyelitis ...	—	—	—	—	—	1	1	2
Measles ...	1	1	—	4	—	—	—	6
Acute Pneumonia	—	—	—	—	—	1	5	6
Dysentery ...	—	—	2	—	—	—	1	3
Erysipelas ...	—	—	—	—	—	—	—	—
Peurperal Pyrexia	—	—	—	—	—	—	—	—
Infective Jaundice	—	1	2	1	—	6	5	15
Chicken Pox	—	5	4	13	1	—	—	23
Total :	4	15	22	40	1	8	12	102

## TUBERCULOSIS,

Three new cases of Tuberculosis were notified during the year, 2 of them Pulmonary, and 1 Non-Pulmonary. These figures give Case Rate of 0.4 and 0.2 respectively. The corresponding Rates for the Administrative County of Norfolk were 0.60 and 0.25.

Seven cases of Tuberculosis were transferred to the Cromer register from other districts.

There was one death from Pulmonary Tuberculosis during the year, giving a Death Rate of 0.2. This compares with a Rate of 0.15 for the Administrative County of Norfolk. There was no death from Non-Pulmonary Tuberculosis, thus the Death Rate for all forms of Tuberculosis was also 0.2. This compares with a figure of 0.31 for England and Wales as a whole; the difference is not significant.

The number of cases on the Register on December 31st, 1950 was as follows :—

	Pulmonary		Non-Pulmonary		Total
Male ... ..	...	18	...	2	20
Female ... ..	...	11	...	2	13
Total :	29		4		33

Previous years gave the following figures :—

1950 ... ..	25	4	29
1949 ... ..	23	9	32
1948 ... ..	23	10	33
1947 ... ..	15	9	24



In addition to the 3 new cases notified, 7 other cases were added to the Register. These were transfers from other districts. The numbers on the Register, though of importance from the point of view of housing and administration, are not, therefore, a true index of the susceptibility of the population; the number of new cases is a surer guide.

Tuberculosis is the responsibility of three authorities. The treatment and after-care are now the concern of the Regional Hospital Board and the County Council, while the problem of infection within the community is, as formerly, the province of the District Council. It has long been clear that close contact with an infectious sufferer from tuberculosis, especially when maintained over a long period, is one of the most important means of contracting the disease. It has in fact been estimated that the disease is some five times more common in members of a household with an affected member than in the general population. This should emphasise the importance of relieving congestion in a house where there is a case of open tuberculosis, if necessary by re-housing.

## **FOOD.**

Most careful and continuous supervision of the food supplies of the town is maintained. Daily inspection of all stages in the storing, distribution and handling of food is carried out.

## **ICE CREAM.**

The Ice Cream supplies of the town satisfied the prescribed tests of cleanliness.

## **FOOD POISONING.**

No case of Food Poisoning was reported during the year.

## **HOUSING.**

It is difficult to write about this subject with a balanced outlook. Good housing is of immense importance to the health of every individual and we are still some way short of our aim of good housing for everyone. Much, however, has been achieved in spite of two major wars, the standard of building has continuously improved. I speak from the Public Health angle, and I think that much of this improvement is due to the work of Public Health Officers, who have persistently emphasised its importance. The waiting list for houses is still a lengthy one. The natural amenities of Cromer are great, and it is to be expected that applications from outsiders should swell the list.



## **FIFTY YEARS AGO.**

At the turn of the century the Birth Rate was 26.4 per thousand of the population (12.8 this year), and the Death Rate was 12.4 (this year 16.7).

The Infantile Mortality Rate however was three times the present Rate. This suggests very strongly that present day conditions are superior, the Infantile Mortality Rate being regarded as an index of good living conditions.

Except for Infectious Diseases, which have been compulsorily notifiable since 1889, we have no record of the amount of sickness that there was, and there is no reason to suppose that it was very different from today. It is certain, however, that the general level of nutrition was lower than at present, except among the well-to-do. There has been a noticeable improvement in the nutrition of children in the last 20 years.

The mode of transmission of Infectious Diseases was imperfectly understood at the turn of the century, and it was not uncommon for sanitary defects, in particular defective drains, in the house of a sufferer to be held to blame. This was no doubt an admirable method of securing much needed improvements, and there was often a certain measure of truth in the allegation. It is, however, modern belief that overcrowding and low standards of personal hygiene are the important factors.

Scarlet Fever (in one epidemic there were 60 cases), Enteric Fever, and Diphtheria were not uncommon visitors, and were greatly feared. All could be formidable diseases, with severe mortality. Measles and Whooping Cough occurred too, and were particularly dangerous in younger children, with mortality.

Scarlet Fever is now a mild disease, and of recent years has had a negligible mortality. Complications are much less frequent than formerly with modern methods of treatment.

Enteric Fever, which includes Typhoid and the Paratyphoids, is much less frequent than formerly. This is undoubtedly due to the great care now taken to safeguard food, milk, and water supplies. Its continued absence depends on maintaining our present standards in these matters, and to make certain we must improve them. Enteric Fever is a hidden enemy and strikes without warning.

Thanks largely to immunisation, Diphtheria is now a rarity. It has not occurred in Cromer for several years. The proportion of immunised children in this town is high, and as long as this state of affairs can be maintained we are likely to have no more than an occasional case.

Of the other Infectious Diseases, Puerperal Pyrexia is vastly less common, and Cerebro-spinal Meningitis is now rare in civilian life. Tuberculosis has steadily declined in incidence throughout the last half century. It is not to be understood from Disease. That has not been so. In fact, compared with other places, the incidence has always been low. The general tendencies throughout the country have, however, been in evidence also in Cromer.

The occurrence of vermin such as lice has also become much less common.

The Building Bye-laws came into force in 1892. These, by prescribing standards for house design, did much to ensure that future houses should be convenient and healthy. It would have been well for Cromer if they could have been in force some years before, during the boom years. A day seldom passes without evidence of their lack during that period.

Public Scavenging was introduced in 1884, the scavenger being provided by the Chairman. Up till this date large brick dustbins had been sited at various points in the town, and they appear to have been very unsightly. In the following year the Medical Officer of Health reported that he had made an onslaught on the pigsties in the town, and thought that he had cleared out all the enemy.

In 1886 the sewage system was largely modernised.

In 1891 Cromer for the first time possessed a really adequate supply of piped drinking water.

In 1901 the Isolation Hospital at Roughton was completed

The latter was closed in 1948, with the introduction of the National Health Service. The combined effects of modern transport facilities, reduced incidence and severity of infectious disease, increased resistance to ill health, and regional planning, making this possible.

## **GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.**

Public Health Officers to the Local Authority :

### **Medical Officer of Health.**

J. H. F. Norbury, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., Wholetime; the post is combined with that of Medical Officer of Health for North Walsham and Sheringham Urban Districts and the Erpingham Rural District, and Assistant Medical Officer for these districts under the County Council.

### **Surveyor, Sanitary Inspector and Water Works Manager.**

J. A. Haigh, F.F.A.S., A.M.I.S.E., Cert. R. San. Inst.

As a result of the National Health Service Act, which came into operation in 1948, Health Services are provided almost entirely by official bodies. There is a limited amount of private practice.

The official bodies are four in number :—

(1) The North Executive Council.

This provides the General Practitioner, Dental, Pharmaceutical and Ophthalmic Services.

(2) The Regional Hospital Board.

The country as a whole has been divided into Regions, and the Regions into Areas, for administrative purposes. The Cromer Urban District lies in the East Anglian District and the Cromer Area. Cromer and District Hospital is the General Hospital for the Area, and provides specialist out-patient clinics for patients from anywhere within the Area. The Sanatoria at Kelling, near Holt, are also administered by the Regional Hospital Board, as are the Fletcher Convalescent Home at Cromer and the Longacre Maternity Home at West Runton.

At present, Infectious Diseases are treated at East Dereham Isolation Hospital, a distance of some 25 miles away.

(3) The County Council.

The County Council provides, through its various departments :—

(a) The School Medical Service.

All schools in the Area are visited at least once during the year. At these visits a systematic examination of entrants, 5, 8, and 10-year-olds, and leavers is carried out; arrangements are made for the treatment of defects found. All children previously found to have defects are also examined, and any not otherwise due to be examined who appear to require it. Special examinations are made of handicapped children, where necessary in their homes. A Minor Ailment Clinic is held fortnightly at the Local Health Office. Children not included in a School for any reason are also examined at home. Examination is also made of children when transport to school is believed necessary on medical grounds.

(b) The Maternity and Child Welfare Service.

An Infant Welfare Centre is held fortnightly at the Local Health Office. Immunisations are carried out regularly.

- (c) Health Visiting.  
All children under 5 are visited regularly in their homes by a Health Visitor. In most cases the duty of Health Visiting is carried out by the local District Nurse-Midwife. She also attends the Welfare Centre, and not infrequently assists at neighbouring ones. Children over 5 come under the supervision of the School Nurse.
- (d) Midwifery.  
This is performed by the District Nurse-Midwives and the general practitioner-obstetricians in the proportion of approximately 2 to 3. In this district the Longacre Maternity Home and Beckham House are available for confinements where domiciliary confinement is considered undesirable.
- (e) Home Nursing.  
This is carried out by the District Nurse-Midwives under the Norfolk County Nursing Association, who act as Agents for the County Council.
- (f) Vaccination and Immunisation.  
This is carried out by general practitioners acting for the County Council, and by the Assistant County Medical Officer. In the case of children, facilities are provided at the Infant Welfare Centre and, in the case of immunisation, at the schools as well.
- (g) Ambulance Services.  
These are carried out by the St. John Ambulance Brigade, acting as Agents for the County Council.
- (h) General Measures for the Prevention of Illness, Care and After-Care, including the provision of Nursing Equipment.
- (i) Home Helps.
- (j) Mental Health Services.
- (k) General Welfare Services, under the supervision of the Welfare Officer. He is in Cromer every morning at 9 a.m. and is available for interview at that time at the Local Health Office.
- (4) The Urban District Council.  
The District Council is, as ever, responsible for the control of Infectious Diseases and Environmental Health and Hygiene, acting through the Medical Officer of Health and the Sanitary Inspector.

Note :— Laboratory Services are provided at the Public Health Laboratory, Bowthorpe Road, Norwich, by the Ministry of Health.



## SANITARY INSPECTIONS OF THE AREA.

Tabular Statement furnished by the Sanitary Inspector under Article 27 (18) of the Sanitary Officers (Outside London) Regulations, 1935 :—

House to House Inspections	...	...	...	...	128
Inspections under Housing Acts	...	...	...	...	47
Inspections of Nuisances discovered	...	...	...	...	39
Re-inspection to ascertain progress	...	...	...	...	48
Visits in connection with Infectious Diseases	...	...	...	...	6
Inspections of Cowsheds and Dairies	...	...	...	...	102
Inspections under Factories and Workshops Acts	...	...	...	...	44
Re-inspections	...	...	...	...	9
Inspections of Tenements	...	...	...	...	65
Inspections of Foodshops other than Dairies and Bakehouses	...	...	...	...	1,171
Premises Disinfected	...	...	...	...	6
Rooms Disinfected	...	...	...	...	16
Drainage Systems Tested	...	...	...	...	40
Committee Meetings attended	...	...	...	...	12
Preliminary Notices served	...	...	...	...	16
Legal Proceedings taken	...	...	...	...	—
Premises found to be defective by House to House Inspection	...	...	...	...	21
Premises found defective by Workshop Inspection	...	...	...	...	4
Premises found defective by Tenement Inspection	...	...	...	...	5
Statutory Notices served	...	...	...	...	12
Housing—No Court Action taken	...	...	...	...	—

In conclusion I must express my thanks to Mr. Haigh for the invaluable help he has given me in the preparation of this report.

I have the honour to be,

Your obedient servant,

J. H. F. NORBURY,  
M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.,

# **FACTORIES ACT, 1937 and 1948.**

Prescribed particulars on the administration of the Factories Act, 1937.

**1.—INSPECTIONS** for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises (1)	M/c line No. (2)	Number on Register (3)	Number of			M/c line No. (7)
			Inspections (4)	Written notices (5)	Occupiers prosecuted (6)	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ... ..	1	21	49	Nil	Nil	1
(ii) Factories not included in (i) to which Section 7 is enforced by the Local Authority ... ..	2	7	15	Nil	Nil	2
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ... ..	3	2	4	Nil	Nil	3
<b>TOTAL</b> ... ..		30	68	Nil	Nil	

## **2.—CASES IN WHICH DEFECTS WERE FOUND.**

Particulars (1)	M/c line No. (2)	Number of cases in which defects were found				Number of Cases in which prosecutions were instituted (7)	M/c line No. (8)
		Found (3)	Remedied (4)	To H.M.In- spectors (5)	By H.M.In- spectors (6)		
Want of cleanliness (S.1) ...	4	4	4	Nil	Nil	Nil	4
Overcrowding (S.2) ...	5	Nil	Nil	Nil	Nil	Nil	5
Unreasonable temp'ture (S.3)	6	Nil	Nil	Nil	Nil	Nil	6
Inadequate Ventilation (S.4)	7	Nil	Nil	Nil	Nil	Nil	7
Ineffective drainage of floors (S.6)	8	Nil	Nil	Nil	Nil	Nil	8
Sanitary Conveniences (S.7)							
(a) insufficient ... ..	9	Nil	Nil	Nil	Nil	Nil	9
(b) Unsuitable or defective	10	Nil	Nil	Nil	Nil	Nil	10
(c) Not separate for sexes ...	11	Nil	Nil	Nil	Nil	Nil	11
Other offences (not includ'g of- fences relating to outwork)	12	Nil	Nil	Nil	Nil	Nil	12
<b>TOTAL</b> ... ..	60	4	4	Nil	Nil	Nil	60

**OUT-WORKERS NIL**





